

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name SUBWAY #3350	Telephone Number Est 812-948-0920 Own (812) 948-0920	Date of Inspection 09/28/2020	ID#
Address 2743 CHARLESTOWN RD, NEW ALBANY IN 47150			
Owner UMANG PATEL	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up 10/08/2020	Released 09/28/2020
Owner's Address 1274 MALLARD CROSSING SCOTTSBURG, IN 47170-		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge NARANDRA PATEL			
Responsible Person's Email SUBWAYKYIN@GMAIL.COM			
Certified Food Handler UMANG PATEL			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
173	X			Observed gnats crawling through and on vegetables and cheeses in drive-thru case. All contaminated product was discarded.	DISCARDED
415	X			Observed gnats throughout store, heaviest at drive-thru case.	1 WEEK
430		X		Observed missing ceiling tile at drive-thru.	1 WEEK
177		X		Observed drive-thru case being left uncovered when not in use.	CORRECTED

Summary of Violations C 2 NC 2 R 0

Received by (name and title printed): NARANDRA PATEL	Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST
Received by (signature):	Inspected by (signature): 
cc:	cc: